

CHECK APPLICABLE PLAN(S):

_____ **JEFFERSON FEDERATION OF TEACHERS HEALTH AND WELFARE
PLAN (the "Plan")
AND/OR**

_____ **JEFFERSON FEDERATION OF TEACHERS CAFETERIA PLAN (the
"Plan")**

**REVOCATION OF
AUTHORIZATION FOR USE
AND/OR DISCLOSURE OF HEALTH INFORMATION**

I hereby revoke my Authorization for Use and/or Disclosure of Health Information given to the Plan dated _____, 200__. I understand that this revocation must be given or mailed to the person/entity described below and will not affect any use or disclosure of health information made on the basis of such authorization before it is received by such person/entity.

Signature _____

Date _____

Print Name: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Name & Social Security Number of Employee/Retiree if different from above:

Name _____

SS# _____

If signed by a Personal Representative, the Personal Representative warrants that s/he is authorized to sign on behalf of the individual giving the authorization based on the following authority:

Revocation must be given or mailed to the following:

**Administrator/Privacy Officer
2540 Severn Avenue, Suite 302
Metairie, LA 70002
Phone: (504) 455-7261
Fax: (504) 455-7267**